

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 2-876)**

09/80/10031

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

161-1
102-1
103-1
104-1
105-1

90
105